MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET 10/562888 APPLICANT(S) (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER **AS FILED** AFTER AFTER AS FILED I"AMENDAIENT 2 MAMENDMENT I"AMENDMENT 2 AMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. <u>55</u> TOTAL IND. TOTAL IND TOTAL DEP. TOTAL DEF TOTAL TOTAL CLAIMS CLAIMS PTO - 1360 (REV. 11/04)